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ABSTRACT

Pointing out the large number of immigrants to the United States from various cultural backgrounds and the large minority population that already exists in the U. S., this paper argues that there is an urgent need for health service workers to have sound preparation in intercultural and interpersonal communication. The paper discusses the health practitioner's special needs for training in intercultural communication; reviews the literature in intercultural communication, health communication, and intercultural health communication; describes a course taught at California State University at Northridge in intercultural communication for health science students; and suggests future directions for this emerging interdisciplinary area. (Author/FL)

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A Merging of Disciplines: Intercultural Communication and Health Science*

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I. Introduction

The study of intercultural communication is a vital part of many Speech Communication programs throughout the country. Communication educators generally agree that students need the ability to apply human communication principles to intercultural communication settings. The high influx of immigrants from various cultural backgrounds, in addition to the large existing United States minority population, intensify the importance of intercultural communication awareness and training. Both domestically and internationally, students may encounter situations where the ability to analyze the process of human communication in intercultural situations and to utilize the communication skills is critical. Generally, intercultural communication courses provide the environment in which students discuss variables in the communication situation and evaluate their impact on intercultural communication.

There is a special need for health service workers to have an understanding of the health orientations of various cultures. In large urban communities, such as Los Angeles, where the Spanish speaking population has been estimated at 35%-40%, there are major demands on health practioners to understand the cultural orientation and to communicate effectively within the culture in order to develop successful health care delivery systems. A recent Los Angeles Times article, for instance, pointed out the alarming statistics on health needs of Latinos, the fastest growing ethnic group in California. The life expectancy of a Spanish-speaking male in East Los Angeles, for example, is 55, as compared with an average of 72 for all male Californians. Other statistics showed the need for comprehensive assessment of the health problems of the Spanish-speaking community and documented the need for health professionals who understand the Spanish-speaking community. The National Cancer Institute also recognizes the need

for intercultural communication and has, in fact, developed "a plan for a minority/hard to reach audience program". (12)

Intercultural communication has been discussed widely in texts, journals, convention papers, and courses around the country. Researchers in health communication are beginning to identify a body of literature and are becoming professionally involved in the field. Some courses in medical schools and under-graduate programs have developed to at least acquaint students with intercultural communication strategies for health care. Although some text and journal materials are available, the area of intercultural communication in Health Science has yet to develop into a real educational entity.

There is a major need to develop courses which help students become sensitive to the variables operating in an intercultural setting. Hooker (8) states:

> The interrelationships of health beliefs and health actions and the values held by members of the culture need to be understood if changes in those beliefs and actions are to be accomplished (8:34).

In this paper, the authors: 1) discuss the health practitioner's need for training in intercultural communication, 2) review the literature in intercultural communication, health communication, and intercultural health communication, 3) describe the course currently taught at California State University, Northridge in Intercultural Communication for Health Science students, and 4) suggest future directions for this emerging interdisciplinary area.

II. Needs Analysis - from a Health Science Prospective

A number of factors make it imperative that those working in the health field have better training in intercultural and interpersonal communication as communities become more culturally mixed. Varying perceptions and values about health and health issues emerge. While many of the courses

offered by the Department of Health Science at California State University, Northridge (CSUN), include various aspects of intercultural and interpersonal communication, these courses do not provide training in the necessary communication skills for the professionals working in our culturally mixed school and community settings. CSUN graduates in Health Science working in the field report that they are deficient in intercultural and interpersonal communication skills and that there is a clear need for professional preparation in this area. The need for intercultural and interpersonal communication becomes even more evident as those in the health field work in community outreach and patient education programs. Such programs are becoming an integral part of our health maintenance organizations.

Too, health and health care are international phenomena. The speed at which we can travel and the increased possibility of transmitting communicable diseases from one country to another, world health concerns, such as environmental pollution, overpopulation, nutrition and drug abuse and the cooperative health care services among nations and international organizations also make professional preparation in intercultural and interpersonal communications a necessity for those preparing for the health field.

Those working in health education are in particular need of sound professional preparation in intercultural and interpersonal communications. The school health educator teaches students from a wide ethnic and cultural mix in grades K-12. Health educators in hospital settings who provide patient education in the hospital as well as in the community also work with multicultural and multiethnic groups. To be effective these education programs must be relevant to the needs, values and beliefs of the individuals and the community (1). The hospital health educator also provides in-service education regarding intercultural and interpersonal communications

to professional staff (see for example refs. 3 and 13). In addition health educators work within the community setting in health departments, volunteer health agencies and industry. They work with a wide range of culturally and ethnically mixed populations and in a wide range of preventive programs. Some of these programs include: nutrition, obesity, high blood pressure, fitness, mental health, family planning, V.D. education, rape prevention, drug abuse, alcoholism and cigarette smoking. The need for adequate professional preparation in intercultural and interpersonal communication seems obvious for the community health educator who must deal with such sensitive issues in our culturally mixed communities.

III. Review of Intercultural Communication, Health Communication, Inter-Cultural Communication in Health Science, Literature.

In discussing the literature in intercultural communication, health communication, and intercultural communication in health science it is valuable to examine the texts available, the relevant journals, professional organizational involvement, and courses offered. There are a number of texts available in the Intercultural area. Prosser's text (16) is a basic overview of intercultural principles with a section exemplifying the process -- the author's experiences with the Japanese culture. Samovar and Porter (19) provide an excellent collection of readings in intercultural communication, including overview articles, studies on socio-cultural influences, studies of intercultural interaction, and papers on becoming more effective in intercultural environments. Rich (17) offers theoretical considerations on interracial communication and discusses original research in the area. Condon and Yousef (15) provide an integration of interpersonal communication theories in an intercultural context. The relationship between language and culture (Whorfian hypothesis) and nonverbal differences between cultures are two theoretical areas discussed through specific applications. Hoopes and Ventura (9) have edited a book of training procedures in inter-

cultural communication that is valuable in a classroom or trainer session. Simulations, self awareness exercises, case studies are some of the approaches used in this sourcebook. Brislin (2) provides an excellent text summarizing research methodology in the intercultural area and pays special attention to problems of administering surveys in intercultural settings.

In addition to the texts available in the intercultural area, various journals provide recent research. The International Journal of Intercultural Communication published by SIETAR (The Society for Intercultural Education, Training and Research), and The Intercultural Communication Annual published by SCA (Speech Communication Association), are devoted to articles on intercultural communication, and the Journal of the Communication Association of the Pacific, published by the University of Hawaii also has a strong emphasis on the intercultural communication.

Many of the professional communication associations have developed interest in intercultural communication and present panels of papers at their conventions. The International Communication Association (ICA), for example, has a division in this area and the international nature of the society's membership provides a source for intercultural exchanges. The Speech Communication Association and Western Speech Communication Association also have active intercultural communication interest groups. In addition, SIETAR provides training materials and some financial resources for developing intercultural projects. As the volume of literature and professional organizational involvement in intercultural communication expands, courses have been developed in Speech Communication Departments throughout the country.

Communication principles also have been applied in the field of Health Science. Various texts and journal articles have appeared illustrating this application. Books by Elder (5) on Transactional Analysis in Health Care

and Kubler-Ross, (10), classic text On Death and Dying provide examples of communication principles applied to health care environments. Journals such as the Journal of the American Public Health Association, the Journal of the American School Health Association, Journal of Medical Education, Annuals of Internal Medicine and Medical Care publish articles in the health communication.

A growing interest has developed in the ICA in the Health Communication Division. At the 1979 convention in Philadelphia a number of papers were presented on health communication. Research areas included problems in disseminatory information on cancer (7), and interaction patterns among health care personnel and patients (1, 14, 15, 22).

Courses in health communication are presently being offered at the graduate and undergraduate levels around the country. According to presentations at the ICA 1979 Convention (11) various communication experts offer training in interviewing to medical students at many schools, such as: University of Calgary, Ohio University, Southern Illinois, and University of Illinois. Health Science undergraduate programs at CSUN offers training in interpersonal and intercultural communication. Some of the courses in the health science curriculum in which intercultural and interpersonal communications are an integral part include: Solving School Community Health Problems, Health Science for Children and Youth, Family Health, Drug Abuse, Mental Health, Health Behavior, Community Health Education, Community Health Action and Curriculum Development in Health Sciences. The combination of intercultural communication and health communication brings a new perspective to university curriculum and research which may be termed intercultural communication in Health Science.

Many recent texts and journal articles exist in this relatively new interdisciplinary area. Brownlee (3) offers one of the best analysis of

cross cultural health services. She discusses the procedures for collecting information about a culture, and for examining health beliefs of the community and other related intercultural problems. Martinez (13) provides an excellent collection of articles on the problems of delivering health services in Hispanic settings. Emphasis here is on problems created by folk medicine customs. Hooker's (8) doctoral dissertation is a valuable review of the literature on the problems of administering health care to Chicanos. She, also, does an interesting survey of health care beliefs of two Chicano populations. She suggests that culture, poverty, lack of education and lack of knowledge of services available causes problems in delivery of health care in Chicano communities. Rogers (18) synthesizes a major segment of the research on diffusion of innovation, the acquisition of new concepts by underdeveloped countries. The text is an overview of the research in diffusion on innovation, including many health case studies.

Other articles, dealing with intercultural communication and health science appear in various communication and medical journals, such as American Journal of Drug and Alcohol Abuse, Medical Care, American Journal of Nursing, Journal of Health and Social Behavior and Social Science and Medicine, Journal of the American Public Health Association. Professional organizations such as ICA have voiced an interest in this area by holding their 1980 convention in Mexico in order to share ideas about health care problems with communication researchers from various cultures.

IV. Intercultural Communication for Health Science -- A Course Description

As a result of the developing literature and great need by health professionals for intercultural communication awareness, a course in intercultural communication has been developed for health science students at CSUN. The increasing interest in the interrelated areas, as demonstrated

by the literature review, combined with the health science student's career directions provide an ideal forum for this course. The intercultural course has been in existence since 1975 in the Speech Communication Department, while the Health Science Department has offered courses dealing with aspects of interpersonal communication for Health Science workers since 1959. The development of a new course combining concepts from the field of Speech Communication, Intercultural Communication, and Health Science has had positive effects on both students and the departments involved. A recent University affirmative action grant provided research funds to develop additional materials for the course.

A. The course objectives - for Speech Communication 356H

Following instruction, students should be able to:

1. Compare and contrast theories of communication - especially interpersonal and small group interaction and problem solving.
2. Analyze and describe the communication problems in various intercultural public health situations (role playing, etc.)
3. Discuss the characteristics of one's own culture and, also. of other cultures, explaining the effect ethnocentrism plays on perception during intercultural encounters.
4. Describe the effect of roles (within the family structure, etc.) on communication generally and especially on the public health situations.
5. Explain how intercultural communication influences the diffusion of an innovation especially within a public health situation.

6. Describe the effect of different languages and verbal symbols on public health intercultural communication.

7. Identify nonverbal symbols used in communication and describe the effect of different nonverbal symbols on public health intercultural communication.

B. In order to fulfill these objectives students participate in a number of activities, read several texts (17, 19) and articles, design and execute a project and take exams. The course is divided into the following sections:

1. Introduction to the Communication Process with Definitions and Theories of Intercultural Communication

The students begin by examining what happens in the communication process and what added results occur when communication involves people of different backgrounds. We look at culture, in general, and focus more specifically on concepts of health and illness in cultures. Glick has suggested three questions to be kept in mind when considering how cultural groups view illness (6).

a. What constitutes illness in the culture?

b. What kinds of illness are recognized?

c. What criteria underlie diagnosis?

Students are asked to consider how communication is affected by concepts of health and illness. Role playing and case studies are useful devices for helping students understand the relationship of these concepts.

2. Socio-Cultural Factors

Students examine their own cultural backgrounds and try to recognize ethnocentism in themselves and understand how it can drastically affect a health worker's effectiveness. The perception process and its effects on stereotypes and predjudice are also discussed.

3. Roles, Culture and Intercultural Communication

Role theory provides needed background for a person dealing with people of another culture, and especially health workers who must understand the family roles of a cultural group with whom they are working as well as the role of the doctor, other health authorities, the medicine man and all who participate in any given society. Related to role theory is the concept of diffusion of innovations. Learning about diffusion of innovations in an intercultural health situation acquaints students with some real problems and possible solutions they might employ.

4. Beliefs, Attitudes and Values

Because the whole concept of health and illness is so closely linked to a society's values, it is essential for students to understand how values, attitudes and beliefs affect the success of health programs.

5. Language and Verbal Symbols

Language itself, as an embodiment of a culture, affects an intercultural communication situation, not only in the obvious way but in subtle ways,

such as in the manner in which various Americans use English. Students learn how one's attitudes toward the language of a person can distort their abilities to be effective health care workers.

6. Nonverbal Communication

Nonverbal communication is more accurate in communicating emotions than verbal communication, and a health worker must interpret accurately the many dimensions of nonverbal communication, such as differences in time, place, dress, posture, facial expression, touch behavior, vocal cues, etc. Thus, even if a health worker understands a particular language, he or she may misinterpret nonverbal cues and prevent good communication. Students must learn the kinds of nonverbal cues for which to look. Class time is spent by having students discuss readings drawn from Intercultural Communication and Health Science and applying various theories and concepts of variables to health situations. Role playing exercises such as Starpower (20) and Bafa' Bafa' (21) have increased student understanding of minority communication problems. They gain a general understanding of the kinds of problems they might encounter, the kinds of questions to ask, and the possible solutions that might work in health care environments.

7. Field Experience

The purpose of the field experience is to participate actively in an intercultural health setting and to have students report in a journalistic diary about their observations and feelings in this situation. For example,

students have visited County General Hospital and Planned Parenthood centers, free clinics, and other community health agencies, which service ethnic minorities. For many students, this is their first real encounter with intercultural communication problems in a health setting.

8. Projects

In addition to the class work, students are required to complete a project. The purpose of the project is to analyze and evaluate intercultural communication in a health setting. The project can be a survey type, an in-depth case study or a participant-observation study. Each project attempts to relate theoretical constructs to a practical situation. The following are annotated samples of term papers written by students in this class.

1) "A Study of 'Chicano', 'Mexican American', and 'Hispanic': their interpretation by Anglos and Mexican Americans". This paper, written by a nurse, assessed the interpretation of the words "Chicano", "Mexican American", and "Hispanic" by Anglos and Mexican Americans. Differences between age groups within each culture were also measured. Although, this paper did not relate to the Health Science area directly, the application of this type of research to the health field is quite relevant. Health practitioners need to analyze the terminology used in speaking with their patients.

2) "Proposal for Cross-Cultural Evaluation of Attitudes and Rituals Relating to Health". This student surveyed the different ethnic, racial, and religious views of death. Although, this paper was done by a Speech Communication major, the future health practioners in the class found it very helpful in thinking about dealing with terminally ill patients and their families. Dealing with this issue is difficult in itself, but the cross-cultural differences in viewing death increase the potential communication problems.

3) "Alcoholism in the Mexican-American Community: An Intercultural Communication Approach". This student analyzed the intercultural communication situation of alcohol treatment in the Mexican American Community. The finding was that while communication might not be a problem once a patient was at the center, there was a big communication breakdown in getting Mexican Americans to use the center.

4) "Sterilization Abuse: Physicians vs Minority Women." This project analyzed the problem of involuntary sterilization among minority women. The writer of the paper suggested that the medical community may be in part responsible for the problem. There appears to be the need for increased information about sterilization disseminated to minority women to assist them in making an informed choice.

5) "Birth Control Fears and Attitudes of Black Women Using Planned Parenthood in Pasadena". In this paper

the student surveyed the literature and conducted interviews with health personnel involved with the project. The paper concluded that regardless of health personnel involved, socio-economic factors may inhibit the success family planning facilities.

6) "A Study of the Chicano Attitudes and Beliefs Surrounding Birth Control". The cultural aspects of having large families in the Chicano community were discussed in this paper. Problems of language and cultural differences between health practioners and clients were cited as creating possible communication problems within the present system.

Projects from Speech Communication majors and Health Science students alike analyzed similar intercultural communication problems. The diversity of student career interests in this class was very exciting to most students. The communication majors saw interesting applications of the communication theories to the health area, and the Health Science majors were stimulated by learning applications of the communication theories to various areas outside the health field. Many communication students' papers had a relevance to the health area, such as the above studies on terminology (#1 above) and on death (#2 above). Many papers went beyond analyzing the communication problems, and suggested training programs on intercultural communication for health care workers. The authors of this convention paper are currently developing a grant proposal for this type of training.

C. Evaluation of Class

A questionnaire asking students to evaluate the class in inter-

cultural communication was distributed at the end of the fall, 1979 semester. The class of forty-seven students was approximately evenly divided between Health Science majors and Speech Communication majors. There was overwhelming positive response to the question of course content. Students felt the material was both worthwhile and interesting. All but one student reported that the projects provided new insights into intercultural communication and many indicated that the project was a most valuable part of the class.

There are several areas of concern, as we continue to evaluate the class. In any intercultural communication class, an instructor must be ready to deal with the feelings of students as they face their own ethnocentrism and prejudices. Class discussions can get heated and some students feel very threatened by such discussions. The instructor is often perceived as pro-majority or pro-minority, depending on the experiences and background of the student. Anyone who has taught intercultural communication is aware of the potentially volative dynamics of such a class. However, many Health Science students felt that this heated experience within the class prepared them for their real life work experiences.

Several students expressed a need for more discussion of solutions to intercultural communication problems in health care settings. Case studies of successful health care plans and positive experiences need to be reported in class as examples of possible solutions. More guest speakers from the Health Science community will be brought in this semester to relate the problems and solutions to ongoing intercultural problems in the field. Awareness is the first step in dealing with intercultural communication, but these future professionals need ideas of possible positive solutions.

During the fall, 1979 semester, we allowed both health science students and speech communication students to enroll in the same class. There was a mixed response to the question as to whether or not health science students should have a special section of the class. Half the health science students enjoyed being with speech communication students, though several expressed that they were slightly intimidated by speech communication majors. Many others reported that they wanted more information directly related to health problems. A class specifically designed for health science majors may be a valuable learning experience because the instructor can focus more attention of the kinds of situations health workers will encounter, however, the mixed environment was viewed by many students as a stimulating learning environment.

D. Future Directions for Intercultural Communication and Health Science

The recognition of the need for improved intercultural communication by health care workers, and the growing scholarship in the field of intercultural communication will give those in the health field with the necessary knowledge and skills needed to provide more adequate health care for those in our culturally mixed communities. The development of more interdisciplinary courses in colleges and universities will benefit health professionals as well as the recipients of health care.

In this paper we have presented a prototype for the development of other courses in Intercultural Communication in Health Sciences. As programs develop in this field there will be a great need for continued research integrating Health Science and Intercultural Communication. Such research might include:

1. Analysis of the perception, values, and beliefs of members of culturally diverse communities toward health and health care.
2. Analysis of the communication skills of community health workers.
3. Analysis of health administrators' awareness of the effect of cultural diversity on health care services, and identification of administrators' attitudes toward the need for training in the area of intercultural communication.
4. Analysis of the overall impact of Intercultural Communication in Health Science on health care programs.

The cooperation between University departments of Speech Communication and Health Science in creating interdisciplinary curricula fill a much needed gap for the Health Science student.

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